

KJ-100

(APPLICATION SERIAL NO.)	(FILING DATE)	(STATUS) (PATENTED, PENDING, ABANDONED)
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I HEREBY APPOINT THE FOLLOWING AS MY ATTORNEY OR AGENT(S) WITH FULL POWER OF SUBSTITUTION TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT OFFICE CONNECTED THEREWITH:

Name	Reg. No.	Name	Reg. No.	Name	Reg. No.
Arthur A. Smith, Jr.	24,178				

SEND CORRESPONDENCE TO:

NAME	PHONE NO.	STREET	CITY & STATE	ZIP CODE
Arthur A. Smith, Jr.	(617) 720-2750	149 North Street	Boston MA	02109

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Jacquelyn R Doyle

Inventor's signature Jacquelyn R Doyle Date 7-22-99
Residence 52 Manatee Road Weymouth, MA 02189
Citizenship United States
Post Office Address _____

Full name of second joint inventor, if any Kenneth F. Short

Second Inventor's signature Kenneth F. Short Date 7/22/99
Residence 52 Manatee Road Weymouth, MA 02189
Citizenship United States
Post Office Address _____

Full name of third joint inventor, if any _____

Inventor's signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of fourth joint inventor, if any _____

Inventor's signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of fifth joint inventor, if any _____

Inventor's signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Attorney's Docket No. KJ-100

PATENT

Applicant ~~and Inventor~~ Jacquelyn R. Doyle and Kenneth F. Short

Application ~~of Patent No.~~ / _____

Filed ~~on~~ July 30, 1999

For: Wound Irrigation and Debriding System

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(b))—INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor, as defined in 37 CFR 1.9(c), for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office, with regard to the invention entitled Wound Irrigation and Debriding System described in

☒ the specification filed herewith.

☐ application no. _____, filed _____.

☐ patent no. _____, issued _____.

I have not assigned, granted, conveyed or licensed, and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c), if that person had made the invention, or to any concern that would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☒ no such person, concern, or organization.

☐ persons, concerns or organizations listed below *

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

[illegible]

Jaquelyn R. Doyle

Name of inventor

Signature of Inventor

Date

Kenneth F. Short

Name of Inventor

Signature of Inventor

Date _____

Name of inventor

Date _____

Signature of Inventor